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STATE FOR AF/SPG, PRM, AND ALSO PASS USAID/W
USAID FOR DCHA SUDAN TEAM, AFR/SP
NAIROBI FOR USAID/DCHA, USAID/SFO, USAID/EA, AND FAS
GENEVA FOR NKYLOH
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SUBJECT: Sudan - Juba Teaching Hospital

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Summary

[¶1.](#) (U) Juba Teaching Hospital (JTH) faces numerous challenges as it adapts to rapidly increasing demand and the new management of the Government of Southern Sudan (GOSS). The imminent withdrawal of longtime supporter International Committee of the Red Cross (ICRC) will be a serious test for the hospital, as will the creation of new systems, the limited administrative capacity of the GOSS, and staff performance and training. The Multidonor Trust Fund (MDTF) will soon award a contract for hospital management, but it is unlikely to be a panacea for the myriad challenges confronting JTH. End Summary.

Juba Teaching Hospital

[¶12.](#) (U) With 479 beds, JTH is the largest hospital in Southern Sudan and the only functioning hospital in Juba county. On paper, Juba also has a military hospital, a police hospital, and a children's hospital, but neither uniformed service hospital is operational, and while the children's hospital--El Sabah--provides some patient care, it is not fully functional and reportedly stigmatized by the community.

[¶13.](#) (U) The influx of residents since the signing of the CPA has substantially increased the demand for health services in Juba, and inadequate resources have made JTH the major service provider. The surgical caseload is high (434 operations were conducted in March 2007). Wards are overcrowded. Epidemics of cholera, measles, and meningitis strain capacity. Trauma cases associated with road accidents have increased. The GOSS Ministry of Health (MOH) is responsible for drug procurement, but only one allotment has been received, in August 2006.

[¶14.](#) (U) Built as colonial-era army barracks, JTH is undergoing an MDTF-funded renovation that began last year. The work, which is managed by the GOSS Ministry of Engineering and Public Works, is slower than planned and has forced some services to be displaced to inadequate temporary quarters. Hospital officials were not included in planning, and note that the renovation fails to address the need for increased space for patient care.

¶6. (U) ICRC, which has backed JTH for 14 years, will cease support in December 2007 because its mandate is limited to emergency situations. ICRC has provided personnel, equipment, supplies, infrastructure support, and operating funds. It also supports two training programs: a nursing program that enrolls 90 students a year, who make up a key segment of JTH nursing staff; and an institute that trains lab and medical assistants.

¶7. (U) The acting physician in charge estimates that ICRC provides more than 90% of JTH operating resources, though the ICRC says this is an overestimation. Both agree that the withdrawal will create major challenges.

Health Sector Changes

¶8. (U) After the signing of the CPA, uncertainty on whether JTH would be managed by the state or the GOSS hampered planning and affected staff morale. It was determined that the GOSS would enter into separate management contracts for tertiary facilities such as JTH. MDTF will initially provide \$1.5 million a year for JTH management and operation, and fund drug procurement separately. GOSS ministries are responsible for staff salaries. Note: Many JTH staff appear to be unaware that this issue has been resolved. End note. MDTF will award contracts within the next six months, and anticipates that a contractor will be on ground by September. However, implementation is widely perceived to be slow, and ICRC officials are concerned that delays will impair the transition and adversely affect patient services.

¶10. (U) Slow strategic planning has hindered progress. Attention was diverted by planning for a new health facility in Juba. However, funding has not materialized, and the John Garang Memorial Facility

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is likely some years from fruition. Uncertainty also spiked with the unexpected GOSS announcement of a contract with NORMECA to build, staff, and operate one prefabricated hospital in each southern state. Some stakeholders suggest this was negotiated by senior officials outside normal processes and may be under investigation.

Human Resource Issues

¶11. (U) Staff performance at JTH is a significant barrier to improving services. A culture of apathy pervades the hospital, exceeding that which is found at other facilities in the south. During the war, hospital employment was akin to a sinecure, and many MOH staff went on the hospital payroll after evacuating from hospitals in other towns. At JTH, human resource systems are absent or ineffective. The hospital matron observes that JTH has abundant nursing staff, but absenteeism is pervasive, dedication is uncommon, and employees resist new responsibilities.

¶12. (U) Low wages contribute to morale problems and reduce management leverage. The new GOSS salary scale increased wages for higher-level workers, but decreased wages for nurses. Hospital staff has criticized the decision to set salary scales in US dollars because fluctuating exchange rates render monthly wages variable, and the declining value of the dollar has decreased salaries. One brief work stoppage occurred recently and rumors of more persist.

¶13. (U) Juba's status as a former garrison town adds another layer of friction. JTH staff lived and worked under the GOS for years; some say that the GOSS now views them with suspicion for having "slept with the enemy." Rumors abound that staff will be replaced with GOSS personnel, while JTH doctors and nurses in turn voice skepticism about GOSS capacity to operate hospitals. MDTF reports that the GOSS Minister of Health has stipulated that any future JTH management contractor should not transfer or fire large numbers of staff.

¶14. (U) JTH is also expected to adopt English as its official workplace and training language this year. Many hospital staff are not fluent in English, and second- and third-year nursing students, who began their education in Arabic, will now be taught in English--which reportedly a third of them do not understand.

USG Role

¶15. (U) The USG provides substantial support to JTH. The State Department Bureau for Population, Refugees, and Migration provides a fifth of ICRC's total funding for sub-Saharan Africa. USAID funded the recent construction of a new emergency wing at JTH, and programs to improve sanitation and access to water in Juba should contribute over time to reduced patient burdens at the hospital. USAID also funds a program that supports volunteer diaspora health professionals, including two physicians and one mental health counselor at JTH. With funding from the President's Emergency Plan for AIDS Relief, the Centers for Disease Control will support delivery of services, such as prevention of mother to child transmission (PMTCT).

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